

State Form 51507 (11-03)

INDIANA DEPARTMENT OF NATURAL RESOURCES **DIVISION OF RECLAMATION BOND POOL APPLICATION Approved by State Board of Accounts 2004**



		Application Number:	S1,00	BP# 0 application fee is required time of submittal.)
	Applicants Name:Address:			
	Telephone:			
1)	List the Applicant's history of conducting mining operations of operating history as a permittee or as a subcontractor. frames, periods of work as a subcontractor and any pertining operations:	This listings is to inclu	ide p	ermit numbers, time
2)	List all officers of the Applicant, including name, title, address	ess and telephone nu	mbei	rs:
3)	List all principal shareholders (persons owning 10% or mo including name, address and telephone number:	re of any class of voti	ng st	ock) of the Applicant,

4)		List the name and address of the person or company and their respective shareholders and officers that will conduct operations, if other than the Applicant:						
5)	Ha	s the Applicant or Operator ever had a cessation order issued under I.C. 14-34-15-6? Yes No						
	If y	ves, submit as an attachment including the following information: Attachment #						
	a)	Identification number and date of issuance of the Notice of Violation and the Cessation Order.						
	b)	The current status of the above reference actions including termination dates and the date, location and type of any administrative or individual proceedings initiated.						
6)	Do	es the Applicant or Operator owe any civil penalties accrued under I.C. 14-34-16? Yes No						
	If y	ves, describe below the status of any administrative or judicial proceedings initiated.						
7)	Re	es the Applicant or Operator owe any fees collected under the Federal Surface Mining Control and clamation Act of 1977 (30 U.S.L. 1201-1328) or have they evidenced a willful history of delinquency in the ment of any fees: Yes No						
		ves, describe below the current status of any outstanding fees including a description of any administrative d judicial proceedings initiated and/or any agreed upon payment schedules.						
8)	Ha	s the Applicant or Operator ever been suspended from the bond pool? Yes No						

Signature Page

l,	_ (typed or p	printed name of responsible
official or applicant's legal representative), hereby affirm the same of this application and attachments thereto are true and of this application of behalf of		
(Name of Permittee)	_	
I understand that participation in the bond pool is optional once participation is opted for any permit, that participation participate in the bond pool for the duration of the surface permit.	on constitutes	an irrevocable commitment to
Signed:	_	
Title:		
(Attach a copy of power of attorney or resolution of Board of Dir	ectors which gra	ants signature authority.)
Subscribed and sworn to before me this day of		
My commission expires	<u>_</u> .	
	Notar	y Public Signature
	Name	e typed or printed
	Residence:	County
	-	State